



# San Bernardino County Recorder

Larry Walker, Auditor/Controller-Recorder

222 W. Hospitality Lane, 1<sup>st</sup> Floor, San Bernardino CA 92415-0022

Hours 8 a.m. to 4:30 p.m., Monday-Friday

Phone: (909) 386-8947 or Fax (909) 386-8700

[www.sbcounty.gov/acr](http://www.sbcounty.gov/acr)

## APPLICATION FOR MILITARY SERVICE RECORD

**INFORMATION:** The San Bernardino County Recorder's Office only has records of Military Service that have been recorded in San Bernardino County. Please contact the specific County where the Military Service Record has been recorded to obtain copies. Copies can also be requested by writing to the National Personnel Records Center at 9700 Page Avenue, St. Louis, MO 63132-5100 or Fax (314) 801-9195 or visit the website of <http://members.aol.com/forvets/htomr.htm>.

**INSTRUCTIONS:** Please use a separate blank application for **each** request. **All sections must be completed in their entirety.**

CERTIFICATE INFORMATION – PLEASE PRINT LEGIBLY OR TYPE				
<p>1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.</p> <p>2. The County Recorder may provide a certified copy of a Military Service Record to an authorized person only, as described in Health and Safety Code Section 103526.</p>				
Name on Military Discharge – First Name		Middle Name	Last Name	
Date of Discharge:	Branch of Service:	Date (Year) of Recording:	Number of Copies Requested	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
APPLICANT INFORMATION – PLEASE PRINT LEGIBLY OR TYPE				
<p>1. <b>Appearing In Person</b> – San Bernardino County requires photo identification. Applicants will need to sign the application in front of a member of our staff.</p> <p>2. <b>Mail Requests</b> – Complete this bottom section but do not sign the Penalty of Perjury statement. <b>See the reverse side of form.</b></p>				
Purpose for Which Military Record is to Be Used		Relationship to Subject of Record		
Name of Person Completing Application		Daytime Telephone Number – Area Code First		
Address – Number, Street, and Unit # (if applicable)		City	State	Zip Code
<p>I agree not to use the Military Discharge obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>_____ Date _____ Signature</p>				
BELOW SECTION FOR RECORDER'S USE ONLY				
Document Number:		Date of Recording:	Number of Copies:	
Date Processed:	Counter <input type="checkbox"/> (Circle One) Mail <input type="checkbox"/> Fax <input type="checkbox"/>	Type of I.D. and Identifying Numbers		Clerk's Initials

# **IMPORTANT**

**Authorized Persons/Regular Certified Copies** – Requestor will need to sign this penalty of perjury statement in front of a notary public prior to submission. Please Note: When submitting multiple certificate requests, all must be signed however, only one request would require the notarized statement.

I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in **Health and Safety Code Section 103526**. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

## **CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Name and title)

personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY SIGNATURE

(NOTARY SEAL)

Notary name: \_\_\_\_\_

County of Principle Place of Business: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_